# Long-Term Care Ombudsman Report FY 2004

### U.S. Administration on Aging Department of Health and Human Services



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#### **Attachment: Complaint Codes**

**Note:** Additional data are available on the Administration of Aging web site: <a href="www.aoa.gov">www.aoa.gov</a>; select Elders and Families, then select Ombudsman. FY 2004 is the most recent year for which national data is available. The FY 2005 data is submitted by the states to AoA in early 2006 and will be posted on the above website as soon as it is compiled.

#### **FY 2004 Long Term Care Ombudsman Report**

With Comparisons of National Data for FY 1996-2004

The U.S. Administration on Aging (AoA) is submitting the Fiscal Year 2004 Long Term Care Ombudsman Report in compliance with Section 207(b) of the Older Americans Act of 1965 (OAA), as amended, to the congressional committees with jurisdiction over the OAA. This report provides concise and in-depth information submitted by the states on activities of state long-term care ombudsman programs. The data and other information presented and analyzed in this report are collected annually by AoA from state ombudsmen under the National Ombudsman Reporting System (NORS).

This report provides data for fiscal year (FY) 2004 from all state ombudsman programs on the activities of the Ombudsman Program at the state and local levels and analyzes changes in the data since FY 1996, the first year of full NORS data compilation.

Long-term care ombudsmen are advocates for residents of long-term care facilities. They work to resolve individuals' concerns with care and quality of life and to bring about changes at the local, state and national levels to improve conditions for all facility residents. Established under Section 712 of the Older Americans Act (OAA), ombudsman programs in every state and 580 local or regional areas carry out a variety of activities to assist residents to maintain a good quality of life and care in nursing facilities, assisted living facilities, and other types of long-term care settings. Thousands of trained paid and volunteer ombudsmen provide an on-going presence in long-term care facilities, monitoring care and residents' rights and providing a voice for residents and their families.

Ombudsman responsibilities as outlined in Title VII of the OAA include:

- Identify, investigate and resolve complaints made by or on behalf of residents;
- Provide information to residents about long-term care services;
- Represent the interests of residents before governmental agencies and seek administrative, legal and other remedies to protect residents;
- Analyze, comment on and recommend changes in laws and regulations pertaining to the health, safety, welfare and rights of residents;
- Educate and inform consumers and the general public regarding issues and concerns related to long-term care and facilitate public comment on laws, regulations, policies and actions;
- Promote the development of citizen organizations to participate in the program; and
- Provide technical support for the development of resident and family councils to protect the well-being and rights of residents.

The National Long-Term Care Ombudsman Resource Center, operated by the National Citizens' Coalition for Nursing Home Reform in conjunction with the National Association of State Units on Aging, provides on-call technical assistance and intensive training to assist ombudsmen in their demanding work. The Center is supported with funds appropriated by Congress and awarded by the Administration on Aging (AoA).

#### **Report Highlights**

#### Staffing, Providing Support to Volunteers and Local Programs

- The number of paid ombudsman staff increased to 1,181 full-time equivalents (FTEs) in FY 2004.
- ► In 2004, there were 8,714 ombudsman volunteers certified to investigate complaints.
- Providing technical assistance and training to paid and volunteer ombudsmen is a significant function of state-level ombudsman program staff. In 28 state entities, the program staff spent 30 percent or more of their time providing technical assistance to volunteers and local programs. In another 14 of the remaining state entities, program staff used 20 percent or more of their time supporting and training ombudsmen.
- ► In FY 2004, ombudsman program staff provided or arranged for over 18,000 training sessions, totaling 57,429 hours, to their volunteers and staff.

#### Ombudsman Presence in Facilities and Empowerment of Families and Residents

- Ombudsman staff and volunteers visited almost 80 percent of nursing facilities on a regular basis, defined as at least quarterly and not in response to a complaint. In 22 states, ombudsmen regularly visited 100 percent of nursing facilities; in another eight states, ombudsmen regularly visited 90 or more percent of the nursing facilities in their state.
- Nationwide, ombudsman staff and volunteers visited over 42 percent of board and care and similar homes on a regular basis. In 12 states, ombudsmen regularly visited 100 percent of these types of homes; in another seven states, ombudsmen regularly visited 80 or more percent of these types of homes in their state.
- Ombudsmen provided over 336,000 consultations to individuals in 2004. These consultations have more than doubled since FY 1996. Consultations most frequently addressed such topics as: alternatives to institutional care, how to select and pay for a nursing facility, residents' rights, and federal and state facility rules and policies.
- Ombudsman consultations to long-term care facilities provide useful information to facility managers and staff. Ombudsmen provided almost 125,000 consultations to facility staff in FY 2004. Consultations address a wide range of issues, including residents' rights, observations about care, working with behavioral issues, and transfer and discharge issues.
- ► Nationwide, ombudsmen also:
  - met with resident councils (21,020 sessions) and family councils (6,001 sessions);
  - provided 8,437 training sessions to facility staff;

2

- facilitated or conducted 11,231 community education sessions; and
- participated in 14,861 facility surveys.

#### **Services to Individuals (complaint investigation and resolution)**

- In FY 2004, ombudsmen resolved or partially resolved 78 percent of nursing facility complaints and 73 percent of board and care complaints to the satisfaction of the resident or complainant. Since 2000, complaint resolution has exceeded three quarters of complaints in all facilities (77 percent in 2004).
- Ombudsmen nationwide opened 192,092 cases and closed 184,638 cases involving 287,824 individual complaints in FY 2004.
- Of the cases handled, 148,921 were associated with nursing facility settings. Of the remaining cases, 33,542 were related to board and care, assisted living, residential care, and other facilities, and 2,175 were associated with other settings.
- Most cases were initiated by residents or friends and relatives of residents, with residents initiating almost 39 percent of cases in nursing facilities and over 36 percent in board and care, assisted living, residential care, and other similar facilities.
- The five most frequent nursing facility complaints were unanswered requests for assistance, accidents and patient handling, care plans, staff attitudes, and hygiene care. The four most frequent complaints have consistently been the same since 2000 and constitute 17 percent of all complaints.
- The five most frequent board and care and similar facilities complaints were *menu quality, medication management, discharge/eviction, lack of respect for residents, and equipment/building disrepair*. The four most frequent complaints have been the same since 1998 and constitute 16 percent of all complaints.

#### Cases and Complaints: FY 2004

Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or a group of residents is defined as a case. Each case may involve one or more problems, which are referred to as complaints. Except for reporting on the number of cases opened, all data submitted by the states in their annual reports to AoA reflect cases that have been closed within the fiscal year.

Figure 1 presents the number of cases opened, cases closed and complaints associated with cases closed for FY 1996-2004. This shows a steady rate of increase for each of these measures. In FY 2004, 148,921 of the 184,638 cases (over 80 percent) were associated with nursing facility settings. Of the remaining cases, 33,542 were related to board and care, assisted living, residential care, and other facilities, and 2,175 were associated with other settings.

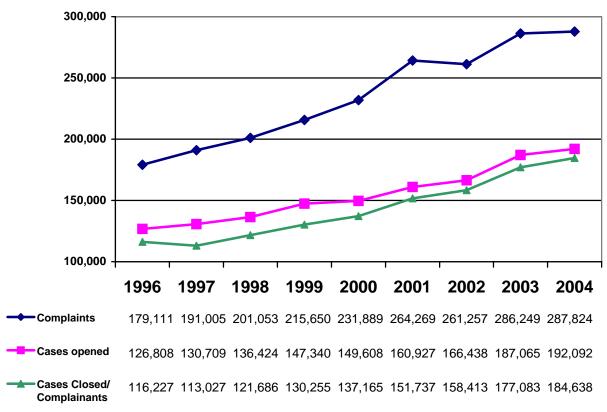
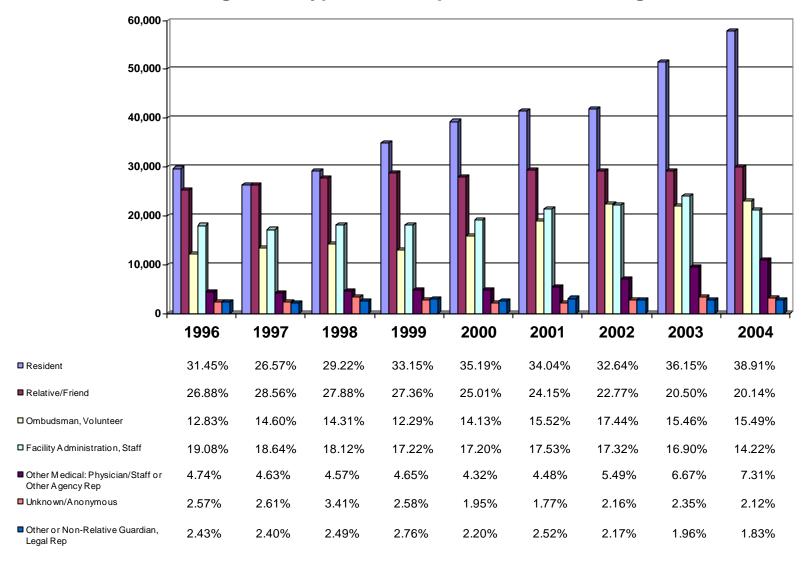


Figure 1: Cases Opened, Cases Closed, & Complaints

#### **Complainants**

Each inquiry or case is associated with a single complainant, who is the primary initiator of the case. Figures 2 and 3 show the sources of the 287,824 complaints in nursing facilities and all other settings. Most cases were filed by residents of facilities or by friends or relatives of residents. Complaints initiated by residents comprise an increasing percentage of complainants, over 36 percent in both types of facilities, indicating that residents themselves are increasingly aware of and are empowered to use the services of Ombudsman.

Figure 2: Types of Complainants for Nursing Facilities



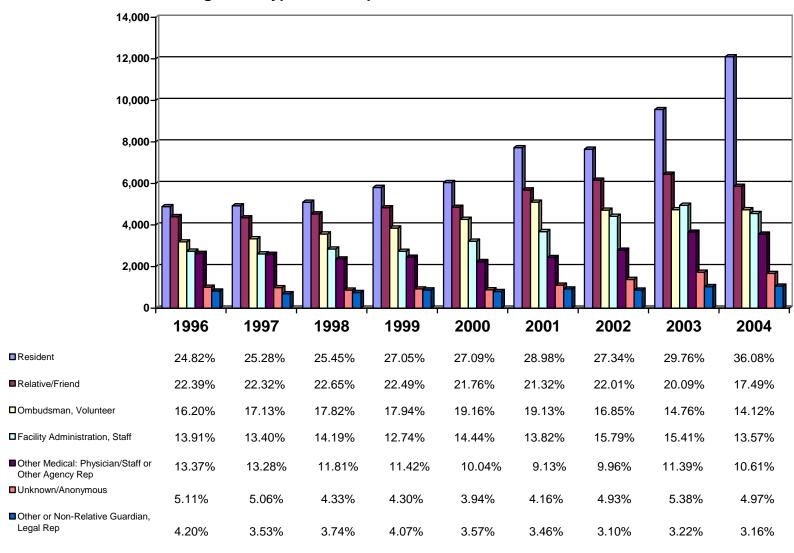


Figure 3: Types of Complainants for B&C, ALF, RCF, and Similar Facilities

#### **Complaints**

Table 1 on page 20, lists the 20 most frequent complaints from 1996 to 2004. The five most frequent complaints in nursing facilities during 2004 concerned:

- unanswered requests for assistance;
- accidents and improper handling;
- problems with care planning and resident assessment;
- lack of respect for residents, poor staff attitudes; and
- quality, quantity, variation and choice of food.

Since 2000, the four most frequently complaints in nursing facilities have been the same, as seen in Figure 4 (the fifth has varied from year to year). These four complaints (out of a total of 128 complaint categories) accounted for over 17% of all complaints in FY 2004. From 1996 to 1999, the four most frequent complaints sometimes included *personal hygiene*, instead of *care plan/resident assessment*.

Figure 4: Four Most Frequent Complaints in Nursing Facilities

These 4 complaint types, out of 128 complaint types, account for over 17% of total complaints

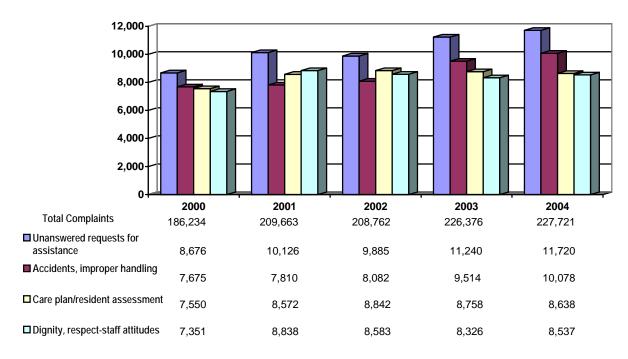


Table 2 on page 21 lists the 20 most frequent complaints in board and care (B&C), assisted living (ALF), residential care (RCF), and similar facilities. The five most frequent complaints of residents in these types of facilities in 2004 concerned:

- quality, quantity, variation and choice of food;
- *medications administration, organization;*
- inadequate or no discharge/eviction notice or planning;
- lack of respect for residents, poor staff attitudes; and
- equipment or building hazards.

Since 1998, the four most frequent complaints in these types of facilities have consistently been the same, as seen in Figure 5. (The fifth was *equipment or building hazards* for all years except 1998.) These four complaints (out of a total of 128 complaint categories) now account for over 16% of all complaints in FY 2004. Before 1998, *inadequate or no discharge/eviction notice or planning* and *lack of respect for residents, poor staff attitudes* were not among the four most frequent complaints for this level of care.

Figure 5: Four Most Frequent Complaints in **B&C. ALF. RCF & Similar Facilities** These 4 complaint types, out of 128 complaint types, account for over 16% of total complaints 3,000 2,500 2,000 1,500 1,000 500 1998 1999 2000 2001 2002 2003 2004 **Total Complaints** 30,783 31,660 34,696 37,953 41,397 50,152 57,190 ■ Menu-quantity, quality, variation, 1,792 1,816 2,060 2,736 2,035 2,350 2,727 choice Medications-administration. 1,433 1,682 1,844 2,234 2,335 2,528 2,497 organization ■ Discharge/eviction-planning, 1,216 1,365 1,421 1,691 1,867 2,231 2,280 notice, procedure ☐ Dignity, respect-staff attitudes 1,129 1,336 1,491 1,915 1,787 1,763 1,856

As illustrated in Figures 6, 7, and 8, complaints about residents' rights, care, and quality of life constitute the major categories of problems addressed by ombudsmen in all facilities. During 2004, resident care issues surpassed resident rights as the primary complaint category when all facilities are combined. In nursing facilities, resident care issues have been the principle area of complaints since 1999. In board and care, assisted living, residential care and similar facilities (Figure 8), residents' rights are still the dominate concern, while quality of life and resident care issues are increasing, in tandem.

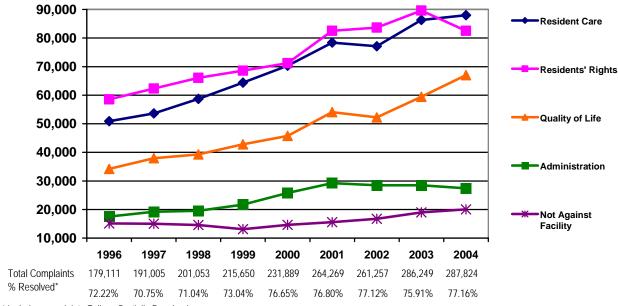


Figure 6: Complaints by Group for All Facilities

#### **Complaint Resolution**

Figures 6 through 8 also provide the percentage of complaints resolved or partially resolved to the satisfaction of the resident or complainant. Since 2000, complaint resolution has consistently exceeded three quarters of all complaints received in all facilities (77 percent in 2004) and nursing facilities (78 percent in 2004). In board and care, assisted living, residential care and similar facilities, complaint resolution in the same period has consistently exceeded 70 percent of complaints received (almost 73 percent in 2004).

<sup>\*</sup> Includes complaints Fully or Partially Resolved

80,000 Resident Care 70,000 60,000 Residents' Rights 50,000 Quality of Life 40,000 30,000 Administration 20,000 10,000 Not Against Facility 0 1996 1997 1998 1999 2000 2001 2002 2003 2004 **Total Complaints** 144,680 157,380 163,540 172,662 186,234 209,663 208,762 226,376 227,721 % Resolved\* 72.13% 72.07% 74.26% 78.04% 77.99% 78.44% 77.38% 78.44%

Figure 7: Complaints by Group for Nursing Facilities

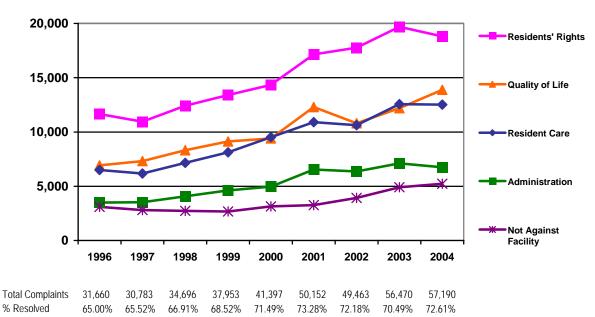


Figure 8: Complaints by Group for B&C, ALF, RCF and Similar Facilities

<sup>\*</sup> Includes complaints Fully or Partially Resolved

<sup>\*</sup> Includes complaints Fully or Partially Resolved

#### **Other Ombudsman Activities**

Ombudsmen perform numerous functions in addition to investigating and resolving complaints. These include visiting facilities on a regular basis (not in response to complaints), participating in facility surveys conducted by state regulatory agencies, working with resident and family councils, providing community education, working with the media, training ombudsman staff and volunteers, training and consulting with managers and staff of long-term care facilities, and providing information and consultation to individuals. In addition to these activities, federal law also requires ombudsmen to monitor and work on laws, regulations, and government policies and actions.

Ombudsman visitation to all types of facilities is shown in Figure 9. This demonstrates regular (at least quarterly) ombudsman presence in facilities above and beyond visits related to complaint investigation. Nationally, ombudsmen established a presence in approximately 80 percent of nursing facilities (in 22 states the presence was 100 percent) on a regular basis. In board and care, assisted living, residential care and similar facilities, which tend to be smaller and are more numerous, regular ombudsman presence nationwide remained above 40 percent (in 12 states the presence was 100 percent).

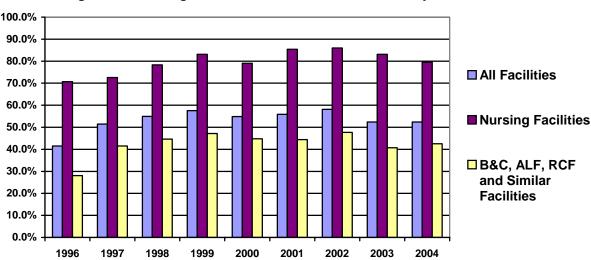


Figure 9: Percentage of Facilities Visited at Least Quarterly

There have been significant increases in ombudsman consultations to individuals and to facilities, as illustrated by Figures 10 and 11. Consultations to facilities have more than doubled since 1996, and individual consultations have nearly doubled. Consultations to individuals provide information on topics such as alternative care options, facility selection, resident rights and benefits, and long-term care facility regulations and policies. Such consultations can provide a means to resolve issues or circumvent potential problems before they become complaints. As Figure 12 shows, ombudsmen regularly and increasingly handle more individual consultations than complaints.

Figure 10: Ombudsman Consultations to Facilities

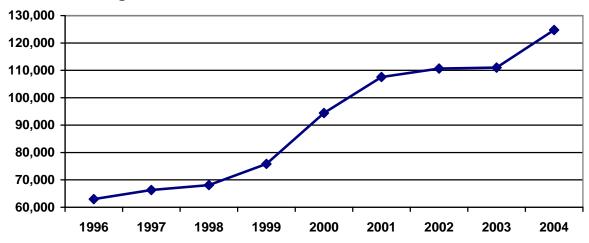
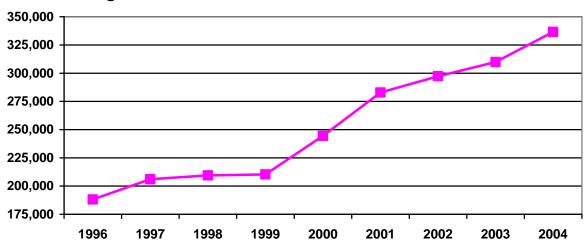
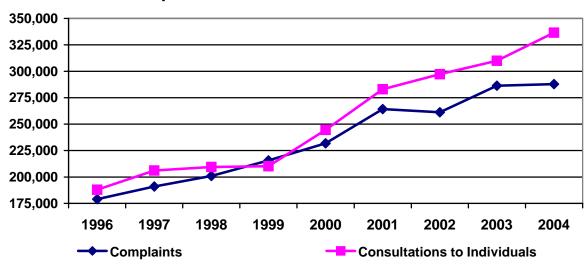


Figure 11: Ombudsman Consultations to Individuals



**Complaints vs Consultations to Individuals** 



Other Ombudsman activities are summarized in Table 3 on page 22. These Ombudsman efforts focused on the education and empowerment of consumers and residents through 11,231 community education sessions, 21,020 meetings with resident councils, and 6,001 meetings with family councils. Ombudsmen also facilitated or conducted 8,437 sessions to train facility staff, participated in 14,861 facility surveys, conducted 1,889 media interviews about the program and activities and produced 4,058 press releases.

An adequately prepared staff is essential for working with residents, families and facilities. To this end, the Ombudsman Program provided training for staff and volunteers in 18,186 sessions totaling 57,429 hours. State and local ombudsman programs provided extensive technical assistance to staff and volunteers, accounting for approximately 20 percent of staff time.

To fulfill the Ombudsman Program mandate in the OAA to analyze, comment on and recommend changes in laws and regulations, ombudsman programs must monitor laws, regulations, and government policies and actions. This activity accounted for 10 percent or more of paid staff time in all but seven programs at the state level but in only 20 programs at the local level, indicating that the "issues" or "systemic advocacy" is more often carried out at the state level, while complaint investigation is usually carried out at the local level.

#### **Program Operations**

#### Resources

Total funding from all sources for the Ombudsman Program nationwide was \$72,546,676 in FY 2004. The federal government continues to be the primary entity funding the Ombudsman Program, providing 59.8 percent of total funding in 2004 (Figure 13). States provided 30.8 percent of funds, and other non-federal sources funded the remaining 9.3 percent.

Figure 14 shows the expenditures and percentages of funding, by specific source, for FY 2004. With federal program funding split into several specific funding sources, the states were the largest single funding source in 2004, as they have been since 1997. Within federal funding sources, OAA Title VII Chapter 2 Ombudsman Program funding has increased over the years. In 2002, it passed OAA Title III State level funding, and for FY 2004 it nearly matched OAA Title III Area Agency funding. These shifts are also apparent from a comparison of Figures 15 and 16, which illustrate percentages of funding by source for FY 1996 and FY 2004.

Figure 13: Overall Funding and Funding by General Source

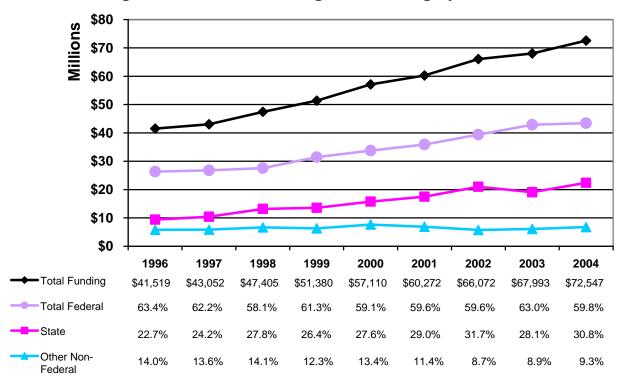


Figure 14: Specific Sources of Program Funding

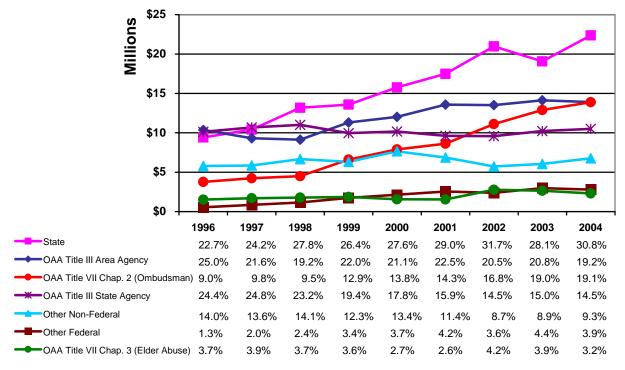


Figure 15: 1996 Sources of Funding

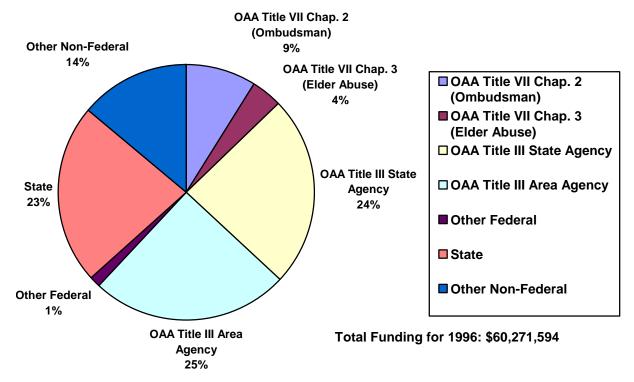
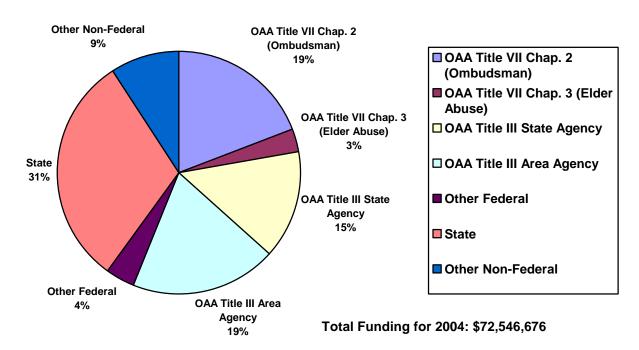


Figure 16: 2004 Sources of Funding



#### **Staff and Volunteers**

Figure 17 shows trends in numbers of ombudsman staff and state-certified volunteer ombudsman (certified volunteer) levels from FY 1996 through FY 2004. The number of ombudsman staff continued an upward trend, increasing to 1,181 full-time equivalents (FTEs) in FY 2004. The number of volunteers who were trained and certified to investigate complaints increased to 8,714 in 2004. There were also 3,748 non-certified volunteers in 2004.

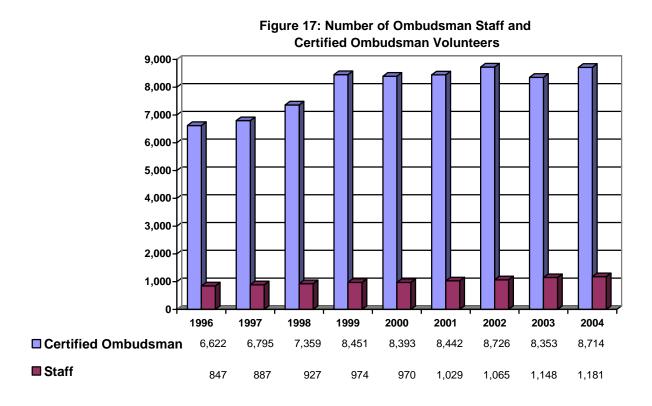
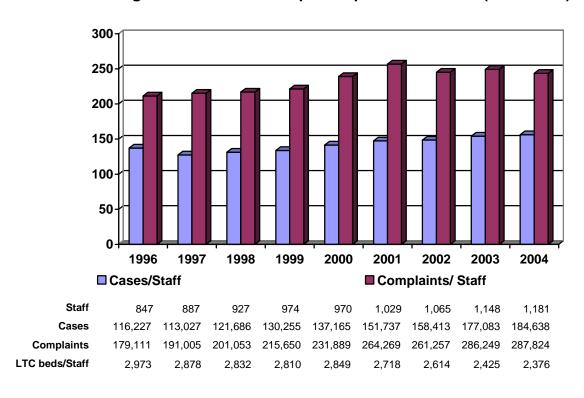


Figure 18 illustrates the trends in cases and complaints per ombudsman staff and Figure 19 does the same for certified volunteers. Figure 18 shows that, in general, certified volunteers were handling more cases per volunteer each year and handling more complaints in 2004 than in any year except 2003. Figure 19 indicates ombudsman staff in general handled more cases per staff each year. Complaints per staff increased from 1996 to 2001 and have since leveled off around 245 complaints per staff member.

35 30 25 20 15 10 5 1996 1997 1998 1999 2000 2001 2002 2003 2004 ■ Cases/Certified Ombudsman ■ Complaints/Certified Ombudsman **Cert Ombudsman** 6,622 6,795 7,359 8,451 8,393 8,442 8,726 8,353 8,714 Cases 116,227 113,027 121,686 130,255 177,083 184,638 137,165 151,737 158,413 Complaints 179,111 191,005 201,053 215,650 231,889 264,269 261,257 286,249 287,824 LTC beds/Omb 381 376 357 324 329 331 319 333 322

Figure 18: Cases & Complaints per Certified Ombudsman (Volunteers)





#### **Facilities and Beds**

As a part of the state reports, ombudsman programs provide the number of licensed long-term care facilities and beds serving primarily older residents for their state. As seen in Figure 20, the number of board and care, assisted living, residential care and similar facilities increased and then leveled off and the number of nursing facilities declined between 1996 - 2004. Figure 21 shows the numbers of nursing facility beds decreasing by less than ten percent in this period and the number of board and care and similar type facilities beds increasing by over 50 percent. The ratio of total beds to staff and certified volunteers has continued to improve (Figure 22), increasing opportunities for resident access to ombudsman.

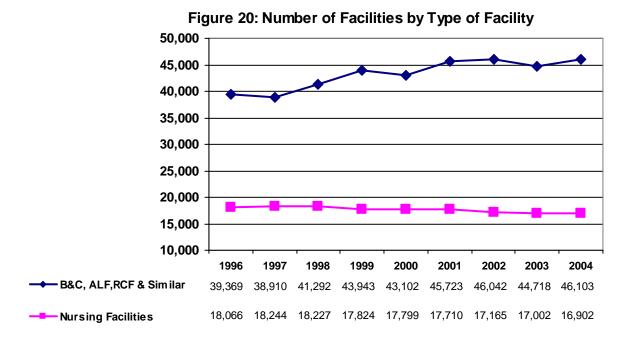


Figure 21: Facility Beds by Type of Facility 2,000,000 1,750,000 1,500,000 1,250,000 1,000,000 750,000 500,000 1996 1997 1998 1999 2000 2001 2002 2003 2004 673,903 700,821 797,036 938,210 1,045,007 B&C, ALF,RCF & Similar Beds 1,839,943 1,824,428 1,853,245 1,827,212 1,830,627 1,784,851 1,752,913 1,761,855 **Nursing Facility Beds** 

18

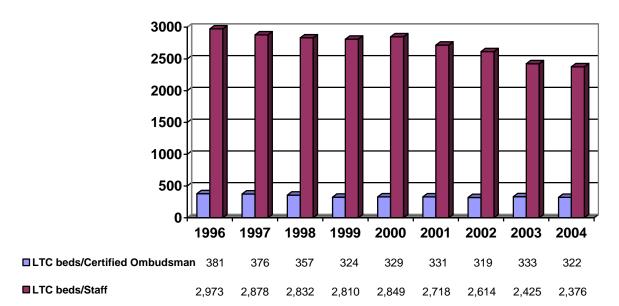


Figure 22: LTC beds per Ombudsman Staff and Certified Volunteers

#### **Conclusion**

Data from the nationwide Long-Term Care Ombudsman Program from 1996 to 2004 show notable increases in most aspects of ombudsman activity:

- Ombudsmen continued to regularly visit more than 50 percent of all facilities in FY 2004;
- From FY 1996 to FY 2004, ombudsmen almost doubled consultations to both clients and their families and more than doubled consultations to the staffs of long-term care facilities; and
- Ombudsmen maintained a higher volume of cases and complaints in FY 2004, while resolving a higher percentage of the complaints.

The data suggest that long-term care facility residents, their families and the staff of these facilities were increasingly aware of and using the Ombudsman Program to address and resolve issues of patient care, patient rights, quality of care, and facility administration. It also demonstrates that individual ombudsman volunteers and staff were resolving a high percentage of complaints to the satisfaction of the complainants, even while handling more cases and complaints. In addition, the Ombudsman Program provided a range of services and activities to inform and support residents through increased individual consultations, consultations to facilities, continued high levels of facility visitation, work with resident and family councils, community education sessions, and participation in facility surveys.

Additional national data and state-specific data for FY 1996-2004 are available on Appendices A and B on the AoA website (referenced at the end of the Table of Contents). Complaint definitions are provided in the attachment.

					Table	e 1: T	op 20 C	ompla	aints	by Category	y for N	lursing	Facil	lities	FFY 1996-20	04									
	1996			1997			1998			1999	2000			2001	200		2002		2003			2004			
Complaint Categories	Total	%	Rank	Total	%	Rank	Total	%	Rank	Total %	Rank	Total	%	Rank	Total %	Rank	Total	%	Rank	Total	%	Rank	Total	%	Rank
See Table B-1 for Codes	144,680			157,380			163,540			172,662		186,234			209,663		208,762			226,376			227,721		
F. 41 Call lights, requests for assistance	5,441	3.76%	2	6,189	3.93%	1	7,026	4.30%	1	7,644 4.43%	1	8,676	4.66%	1	10,126 4.83%	1	9,885 4.	.74%	1	11,240	4.97%	1	11,720	5.15%	1
F. 40 Accidents, improper handling	6,661	4.60%	1	5,701	3.62%	2	6,032	3.69%	3	6,804 3.94%	3	7,675	4.12%	2	7,810 3.73%	4	8,082 3.	.87%	4	9,514	4.20%	2	10,078	4.43%	2
F. 42 Care plan/resident assessment	4,453	3.08%	5	5,445	3.46%	3	5,242	3.21%	7	6,412 3.71%	5	7,550	4.05%	3	8,572 4.09%	3	8,842 4.	.24%	2	8,758	3.87%	3	8,638	3.79%	3
D. 26 Dignity, respect-staff attitudes	4,882	3.37%	4	5,318	3.38%	4	5,710	3.49%	4	6,453 3.74%	4	7,351	3.95%	4	8,838 4.22%	2	8,583 4.	.11%	3	8,326	3.68%	4	8,537	3.75%	4
J. 71 Menu-quantity, quality, variation, choice	4,295	2.97%	8	4,082	2.59%	8	4,554	2.78%	9	5,063 2.93%	8	5,540	2.97%	8	6,161 2.94%	8	6,185 2.	.96%	7	7,074	3.12%	7	8,034	3.53%	5
F. 45 Personal hygiene	5,301	3.66%	3	5,299	3.37%	5	6,411	3.92%	2	7,110 4.12%	2	7,279	3.91%	5	7,712 3.68%	5	7,519 3.	.60%	6	7,531	3.33%	5	7,821	3.43%	6
C. 19 Discharge/eviction-planning, notice, procedure	4,110	2.84%	9	4,794	3.05%	6	5,407	3.31%	6	5,455 3.16%	7	5,762	3.09%	7	6,699 3.20%	6	7,670 3.	.67%	5	7,465	3.30%	6	7,172	3.15%	7
F. 44 Medications-administration, organization	3,123	2.16%	12	3,366	2.14%	12	3,885	2.38%	11	4,397 2.55%	10	4,914	2.64%	9	5,734 2.74%	9	5,841 2.	.80%	8	6,931	3.06%	8	6,757	2.97%	8
F. 48 Symptoms unattended, no notice to others of change in condition	3,198 2	2.21%	11	3,529	2.24%	11	3,818	2.33%	12	4,077 2.36%	12	4,617	2.48%	10	5,075 2.42%	10	4,886 2.	.34%	11	5,600	2.47%	9	5,172	2.27%	9
K. 79 Equipment/building-disrepair, hazard, poor lighting, fire safety	2,025	1.40%	24	2,400	1.52%	21	1,952	1.19%	26	2,541 1.47%	20	2,899	1.56%	19	3,472 1.66%	18	3,657 1.	.75%	18	4,323	1.91%	14	4,753	2.09%	10
E. 38 Personal property lost, stolen, used by others, destroyed	3,598	2.49%	10	3,621	2.30%	10	3,993	2.44%	10	4,229 2.45%	11	4,227	2.27%	12	4,680 2.23%	12	4,531 2.	.17%	13	4,919	2.17%	12	4,735	2.08%	11
M. 100 Staff unresponsive, unavailable	2,376	1.64%	15	3,050	1.94%	13	3,248	1.99%	13	3,286 1.90%	15	3,700	1.99%	15	4,605 2.20%	13	4,964 2.	.38%	10	4,627	2.04%	13	4,182	1.84%	12
K. 78 Cleanliness, pests	2,242	1.55%	19	2,919	1.85%	14	3,123	1.91%	14	3,458 2.00%	14	3,832	2.06%	13	4,199 2.00%	14	4,002 1.	.92%	14	3,912	1.73%	18	4,146	1.82%	13
D. 27 Exercise choice and/or civil rights	2,211	1.53%	20	2,375	1.51%	22	2,851	1.74%	15	3,479 2.01%	13	3,803	2.04%	14	4,109 1.96%	15	3,939 1.	.89%	15	4,237	1.87%	16	4,122	1.81%	14
M. 97 Shortage of staff	4,332		6		2.76%	7	4,887		8	5,740 3.32%			3.56%	6	6,664 3.18%		5,503 2.		9		1.90%	15	3,968	1.74%	15
K. 77 Air temperature, and quality	1,849		27		1.17%	28			29	2,030 1.18%		-	1.11%	30			,		28		1.24%	26		1.74%	
F. 49 Toileting	2,070	1.43%	23		1.39%	26			16	3,022 1.75%			1.66%	17	'		-, -		21		1.64%	19	3,919	1.72%	17
I. 66 Roommate conflict	1,749		29		1.09%	31			31	1,759 1.02%	31		0.94%	32			,		33	-	1.16%	29		1.70%	
A. 1 Physical abuse	4,321 2	2.99%	7	4,080	2.59%	9	5,426	3.32%	5	4,591 2.66%	9		2.34%	11		11	4,777 2.	.29%	12	5,163	2.28%	10	3,858	1.69%	19
A. 6 Resident to resident		1.75%	13		1.63%	17	, -		19	2,851 1.65%	17		1.63%	18	· ·	17	-7		17		2.21%	11		1.62%	
M. 101 Supervision	1,825	1.26%	28	2,202	1.40%	25	1,925	1.18%	27	2,325 1.35%	24	3,326	1.79%	16	3,607 1.72%	16	3,872 1.	.85%	16	4,218	1.86%	17	3,273	1.44%	21
K. 83 Odors	1,874	1.30%	26	2,515	1.60%	19	2,493	1.52%	21	2,544 1.47%	19	2,472	1.33%	24	3,230 1.54%	20	3,370 1.	.61 <mark>%</mark>	19	3,127	1.38%	21	3,108	1.36%	23
F. 52 Other: Care	2,275	1.57%	17	2,543	1.62%	18	2,717	1.66%	17	2,521 1.46%	21	2,645	1.42%	21	2,776 1.32%	22	2,135 1.	.02%	31	2,799	1.24%	27	2,934	1.29%	24
A. 3 Verbal/mental abuse		1.68%	14	2,676		15			18	2,601 1.51%			1.50%	20	3,171 1.51%	21	-1		20		1.60%	20	2,932	1.29%	25
A. 5 Gross neglect	2,123	1.47%	22	2,648	1.68%	16	2,551	1.56%	20	2,331 1.35%	23	2,372	1.27%	25	2,591 1.24%	25	2,610 1.	.25%	24	2,775	1.23%	28	2,056	0.90%	37

		Tal	ole 2:	Top 20	) Com	plain	ts by C	atego	ory for	Board	& Ca	re, AL	F, RCF	, and	Simila	ar Facilities	FFY 1	996-2004								
		1996			1997			1998			1999			2000		2001		20	002			2003		2	2004	
Complaint Categories	Total	%	Rank	Total	%	Rank	Total	%	Rank	Total	%	Rank	Total	%	Rank	Total %	Rank	Total	% F	Rank	Total	%	Rank	Total	%	Rank
Group See Table B-1 for Codes	31,660			30,783			34,696			37,953			41,397			50,152		49,463			56,470			57,190		
J. 71 Menu-quantity, quality, variation, choice	1,459	4.61%	1	1,499	4.87%	1	1,792	5.16%	1	1,816	4.78%	1	2,060	4.98%	1	2,736 5.46%	1	2,035 4.	11%	2	2,350	4.16%	2	2,727 4	1.77%	1
F. 44 Medications-administration, organization	1,154	3.64%	3	1,113	3.62%	2	1,433	4.13%	2	1,682	4.43%	2	1,844	4.45%	2	2,234 4.45%	2	2,335 4.	72%	1	2,528	4.48%	1	2,497 4	1.37%	2
C. 19 Discharge/eviction-planning, notice, procedure	915	2.89%	6	1,000	3.25%	5	1,216	3.50%	3	1,365	3.60%	3	1,421	3.43%	4	1,691 3.37%	4	1,867 3.	77%	3	2,231	3.95%	3	2,280 3	3.99%	3
D. 26 Dignity, respect-staff attitudes	978	3.09%	4	918	2.98%	7	1,129	3.25%	4	1,336	3.52%	4	1,491	3.60%	3	1,915 3.82%	3	1,787 3.	61%	4	1,763	3.12%	4	1,856 3	3.25%	4
<ul><li>K. 79 Equipment/building-disrepair, hazard, poor lighting, fire safety</li></ul>		3.01%	5	1,058		4	1,023			-	3.43%			3.05%	5	1,486 2.96%		1,358 2.		5	-	2.79%	5	1,742		5
F. 42 Care plan/resident assessment		1.68%	17		1.64%	18		1.91%	15		1.99%	15		2.48%	8	1,146 2.29%		1,278 2.		6		2.62%	6	1,576 2		6
F. 40 Accidents, improper handling	676	2.14%	11	546	1.77%	16	698	2.01%	13	843	2.22%	10	886	2.14%	11	1,009 2.01%	13	1,059 2.	14%	10	1,434	2.54%	7	1,419 2	2.48%	7
E. 38 Personal property lost, stolen, used by others, destroyed		1.98%	14		1.87%	14		1.99%	14		2.08%	14		2.09%	12	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		973 1.		14		2.04%	12	1,256 2		8
K. 78 Cleanliness, pests		2.27%	10		2.95%	8		2.67%		1,133		6		2.64%	6	1,419 2.83%		1,109 2.		8		2.18%	8	1,236 2		9
F. 45 Personal hygiene	912	2.88%	7	1,093	3.55%	3	940	2.71%	7	914	2.41%	8	1,061	2.56%	7	1,163 2.32%	7	965 1.	95%	15	1,169	2.07%	10	1,139 1	.99%	10
E. 36 Billing/chargesnotice, approval, questionable, accounting wrong or denied	649	2.05%	12	676	2.20%	11	724	2.09%	11	825	2.17%	13		2.24%		1,061 2.12%	11	1,133 2.	29%	7	1,117	1.98%	13	1,136		11
64 Activities-Choice and appropriateness	410	1.30%	24		1.47%	21	510	1.47%	22		1.46%	22		1.40%		782 1.56%			68%	18		1.44%	23	1,086 1		12
A. 1 Physical abuse		4.08%	2		3.05%	6	1,044		5	901	2.37%	9	847	2.05%	13	979 1.95%	15	1,076 2.	18%	9		2.11%	9	1,041 1	.82%	13
M. 101 Supervision	365	1.15%	30		1.26%	25		1.33%			1.14%	29		1.40%		755 1.51%				17		1.93%	14	992 1		14
A. 3 Verbal/mental abuse	822	2.60%	8	652	2.12%	12	797	2.30%	10	843	2.22%	10	802	1.94%	15	895 1.78%	16	1,025 2.	07%	12	1,023	1.81%	16	986 1	.72%	15
E. 37 Personal funds-mismanaged, access denied, deposits & other money not returned	812	2.56%	9	728	2.36%	9	887	2.56%	9	929	2.45%	7	806	1.95%	14	1,012 2.02%	12	975 1.	97%	13	955	1.69%	19	973 1	.70%	16
D. 27 Exercise choice and/or civil rights	574	1.81%	15	539	1.75%	17	644	1.86%	16	719	1.89%	16	701	1.69%	17	1,009 2.01%	13	895 1.	81%	16	1,154	2.04%	11	972 1	.70%	17
M. 97 Shortage of staff	636	2.01%	13	614	1.99%	13	720	2.08%	12	836	2.20%	12	1,001	2.42%	9	1,149 2.29%	8	1,029 2.	08%	11	979	1.73%	18	959 1	.68%	18
K. 77 Air temperature, and quality	480	1.52%	20	477	1.55%	19	536	1.54%	20	612	1.61%	19	581	1.40%	21	772 1.54%	22	660 1.	33%	28	789	1.40%	25	950 1	.66%	19
P. 122 Legal-guardianship, conservatorship, power of attorney, wills	409	1.29%	25	440	1.43%	23	506	1.46%	23	458	1.21%	28	610	1.47%	19	591 1.18%	28	823 1.	66%	19	903	1.60%	20	935 1	.63%	20
F. 48 Symptoms unattended, no notice to others of change in condition	565	1.78%	16	464	1.51%	20	577	1.66%	17	644	1.70%	17	703	1.70%	16	895 1.78%	16	819 1.	66%	20	1,029	1.82%	15	900 1	.57%	21
P. 121 Financial exploitation by family or other not affiliated with facility		1.40%	21		1.10%	33		1.16%	32		1.00%	34		1.27%	29	567 1.13%	30			32		1.30%	27	807 1		23
P. 120 Family conflict	420	1.33%	22		1.19%	29		1.29%	27		1.04%	31		1.38%	25	604 1.20%	26			25		1.42%	24	795 1		24
M. 98 Staff training, lack of screening	386	1.22%	28	447	1.45%	22	483	1.39%	24	573	1.51%	20	603	1.46%	20	848 1.69%	19	808 1.	63%	21	860	1.52%	22	781 1	.37%	25
L. 88 Administrator(s) unresponsive, unavailable	372	1.17%	29	240	0.78%	41	323	0.93%	35	365	0.96%	35	375	0.91%	37	422 0.84%	37	430 0.	87%	37	512	0.91%	36	521 0	).91%	37

		Tabl	e 3: Otl	her Om	budsma	an Activ	vities			
		1996	1997	1998	1999	2000	2001	2002	2003	2004
Participation in facility surveys	surveys:	9,776	9,568	9,533	12,215	9,403	10,003	10,626	12,600	14,861
Working with resident and	resident council meetings:	11,942	14,540	18,239	16,631	15,955	14,895	15,692	16,978	21,020
family councils (attendance at meetings)	family council meetings:	4,685	5,996	5,768	6,367	5,046	4,317	5,509	5,681	6,001
Providing community education	sessions:	8,985	8,559	9,307	10,231	11,567	8,995	10,109	12,954	11,231
Working	interviews:	3,406	2,965	4,015	4,661	5,906	5,811	2,176	1,803	1,889
with the media	press releases issued:	3,252	5,624	4,755	14,411	15,860	4,388	4,294	4,198	4,058
Providing training and technical	training sessions: hours:	9,199 46,015	8,510 45,153	8,847 44,235	11,880 52,670	11,405 47,537	10,001 46,050	9,585 47,252	11,974 47,188	18,086 57,429
assistance to staff and volunteers in the statewide ombudsman program	ombudsman trainees:	27,568	29,709	30,717	33,454	39,257	43,591	42,261	62,079	61,591
Providing training and consultation to managers and staff of long-term care facilities	training sessions: consultations:	7,321 62,962	6,606 66,286	7,298 68,066	9,260 75,862	8,139 94,435	8,499 107,602	7,622 110,639	7,862 110,987	8,437 124,736
Providing information and consultation to individuals (usually by telephone)	consultations:	188,067	206,087	209,476	210,276	244,535	282,964	297,268	309,859	336,515

# **Long-Term Care Ombudsman Program Complaint Codes**

#### A complaint is about a problem of commission or omission.

Each case may have more than one complaint. However each problem will have only one code. Use only one category for each type of problem (i.e., do not check both A.3 and D.26 for the same staff behavior - determine which category is most appropriate to the particular problem).

#### Residents' Rights

#### A. Abuse, Gross Neglect, Exploitation

Use categories in this section only for serious complaints of *willful* mistreatment of residents by facility staff, management, other residents (use category 6) or unknown or outside individuals who have gained access to the resident through negligence or lax security on the part of the facility or for neglect which is so severe that it constitutes abuse. Use P.117 and P.121 for complaints of abuse, neglect, and exploitation by family members, friends and others whose actions the facility could not reasonably be expected to oversee or regulate.

For **all** categories in this part, use the broad definitions of abuse, neglect and exploitation in the Older Americans Act, which is almost identical to that in regulations for nursing homes participating in the Medicare and Medicaid programs (42 CFR 488.301):

The term *abuse* means the willful (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain or mental anguish; or

(B) Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Older Americans Act, Section 102 [13])

The term (financial) exploitation means the illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain. (Older Americans Act, Section 102[24])

In addition to the above broad definitions, use the definitions for specific categories below from the Centers for Medicare and Medicaid Services (CMS; formerly HCFA) *Interpretive Guidelines, section 483.13(b) and (c).* 

<sup>&</sup>lt;sup>1</sup> See <a href="https://www.cms.hhs.gov/manuals/Downloads/som107ap\_pp\_guidelines\_ltcf.pdf">https://www.cms.hhs.gov/manuals/Downloads/som107ap\_pp\_guidelines\_ltcf.pdf</a>; tag 223 on page 61.

Use resident-to-resident physical or sexual abuse (A.6) only for *willful* abuse of one resident by another resident, not for unintentional harm or altercations between residents who require staff supervision, which should be coded in category I-66, "Resident conflict, including roommates." (For example, a confused resident who strikes out is categorized at I.66 and an alert resident who strikes out is A.6.)

#### 1. Abuse, physical

Includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

#### 2. Abuse, sexual

Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

#### 3. Abuse, verbal/psychological (including punishment, seclusion)

Use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or to their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. (Use D.26 for less severe forms of staff rudeness or insensitivity; use M.100 if staff is unavailable, unresponsive to residents.) Psychological or mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. Involuntary seclusion means the separation of a resident from other residents or from his/her room against the resident's will or the will of the resident's legal representative. Emergency or short-term monitored separation is not considered involuntary seclusion if used for a limited period of time as a therapeutic intervention to reduce agitation.

### **4.** Financial exploitation (use categories in E. for less severe form of financial complaints)

The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain.

#### 5. Gross neglect

The willful deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Use only for the most extreme forms of willful neglect. Use the appropriate categories under Resident Care, Quality of Life or, in some cases, Administration for less severe forms or manifestations of resident neglect.)

#### 6. Resident-to-resident physical or sexual abuse

Use only for complaints of abuse by a resident against one or more other residents that meet the definitions of abuse provided above. (For unintentional harm or altercations between residents who require staff supervision, use category I-66, "Resident conflict, including roommates.")

#### 7. Other, specify

Use for any other complaints regarding any type of abuse, neglect, exploitation perpetrated by an individual, including a caregiver, which would not fit under other codes in this section and meet the definitions of abuse or neglect, above.

#### **B.** Access to Information

Use categories in this section for complaints involving access to information or assistance made by or on behalf of the resident or the resident's representative. Use B.9 if the ombudsman is denied access in response to a complaint. Categories B.14, D.29, and M.96 all involve communication/language barriers and yet are different. Use B.14 if information regarding rights, medical condition, benefits, services, etc. is not communicated in an understandable language.

#### 8. Access to own records

Use if complainant is denied or delayed access to resident's record.

#### 9. Access to ombudsman/visitors

Use if ombudsman or visitors are denied access to a resident.

#### 10. Access to facility survey

Use if the licensing and certifying agency's survey is not posted in a prominent place or not provided when requested.

#### 11. Information regarding advance directive(s)

Use related to living will, do not resuscitate (DNR) order, and similar problems.

<sup>2</sup> If there is a general problem with ombudsman access to one or more particular facilities or types of facilities, but no complaint has been filed, do not use complaint categories; instead, local ombudsmen should report the access issue to the state ombudsman. The state ombudsman should describe the access problem in the state ombudsman report to AoA under Part III, B - Statewide Coverage -- and both the local and state ombudsmen should advocate for systemic policy or legislative change to resolve the access problem.

#### 12. Information regarding medical condition, treatment and any changes

Use if information is denied, delayed.

#### 13. Information regarding rights, benefits, services

Use related to resident rights, Medicaid information/process, social services, and similar problems.

#### 14. Information communicated in understandable language

Use if information is not provided in a language which the resident or her representative can understand or is provided in a confusing manner.

#### 15. Other, specify

Use if other information is denied or inaccessible.

#### C. Admission, Transfer, Discharge Eviction

Use the appropriate category for complaints involving placement, whether into, within or outside of the facility. If resident requests assistance in transferring to another facility and there is no stated problem (complaint), record as information and assistance to individuals in Part III, Other Ombudsman Activities. If a resident requests assistance in moving out of the facility but there are no feasible alternative options, record as P.128 "other," since the problem is a lack of care alternatives within the long-term care system.

#### 16. Admission contract and/or procedure

Use if no contract; contract contains illegal wording requiring waiver of rights or guarantee of payment; admission procedure not followed; admission procedure does not contain required elements, and similar problems.

#### 17. Appeal process - absent, not followed

Use if resident/representative not given required number of days to appeal a discharge; facility failed to follow appeal ruling; no appeal process in place; and similar problems.

#### 18. Bed hold - written notice, refusal to readmit

Use if bed not held required number of days; resident/representative not advised of bed hold policy; incorrect bed hold procedure; bed held but resident not readmitted, and similar problems.

#### 19. Discharge/eviction- planning, notice, procedure, implementation

Use if no discharge notice; required notice not given to resident/representative; required notice not given to the ombudsman program in required time frame; required notice lacks documentation, is incomplete, incorrect; discharge is for inappropriate reasons; discharge planned to inappropriate environment; and similar problems.

#### 20. Discrimination in admission due to condition, disability

Use for refusal to admit resident due to medical condition, disability.

#### 21. Discrimination in admission due to Medicaid status

Use if resident not admitted due to Medicaid status or pending Medicaid status.

#### 22. Room assignment/room change

Use if resident wants room change or resident objects to planned room change; no notice or inadequate notice of change; excessive room changes; or similar problems.

#### 23. Other, specify

Use for any other admission, transfer, or discharge complaint.

#### D. Autonomy, Choice, Exercise of Rights, Privacy

Use for any complaint involving the resident's right, as stated in the category. If it is a related problem, but not one specific to this heading, use a category under another heading. For example, if the resident is permitted to choose her personal physician but that physician is unavailable, use P.125.

Note that D.29, B.14 and M.96 all involve communication/language barriers and yet are different. Use D.29 if the resident has a communication or language barrier. Use M.96 if staff has the communication or language barrier.

Use D.27 for right to smoke. Use K.77 for smoke-polluted air.

#### 24. Choose personal physician/pharmacy

Use when the resident is denied the right to choose her own physician/pharmacy.

#### 25. Confinement of facility against will (illegally)

Use when the resident is denied the right to leave the facility or go out. (Use P.128 "other" for resident requests for assistance in moving out of the facility when feasible alternative options are not available.)

#### 26. Dignity, respect - staff attitudes

Use when resident is treated with rudeness, indifference or insensitivity, including failure to knock before entering room, facility posts signs relating to individual's care and similar problems.

#### 27. Exercise preference, choice and/or civil/religious rights (includes right to smoke)

Use when the resident is denied choice and exercise of rights; for example: voting; speaking freely; access to a smoking area, preference in sleeping and rising times, community activities, the outdoors, television program of choice and similar problems. (Use D. 31 for rights involving privacy.)

#### 28. Exercise right to refuse care/treatment

Use if the resident is denied the right to refuse care/treatment; including resident's right to refuse eating, bathing, or taking medication.

#### 29. Language barrier in daily routine

Use if resident speaks a language others cannot understand, resident cannot communicate.

#### **30.** Participate in care planning

Use if the resident or the resident's representative is denied access to or not informed of a care plan/care plan meeting.

#### 31. Privacy - telephone, visitors, couples, mail

Use if the resident is denied access to a telephone, visitors or mail; phone calls are monitored; mail is opened by someone other than the resident or the resident's legal representative; couples denied privacy.

#### 32. Privacy in treatment, confidentiality

Use if the resident is denied privacy in treatment; confidential information has been disclosed.

#### 33. Response to complaints

Use if complaints are ignored or trivialized by facility staff: administrator, social worker, nurses, and other staff.

#### 34. Reprisal, retaliation

Use if the resident has experienced reprisal/retaliation (threat of discharge, lack of care, requests ignored, call lights unanswered, rough handling, etc.) as a result of a complaint.

#### 35. Other, specify

Use when the resident has experienced violations of dignity, independence and/or rights not listed above.

#### **E.** Financial, Property (Except for Financial Exploitation)

Use the appropriate category for complaints involving non-criminal mismanagement or carelessness with residents' funds and property or billing problems. Use A.4 for complaints involving willful financial exploitation, including, but not limited to, criminal activity.

### 36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)

Use if complainant alleges resident does not owe the amount billed; the resident never received the bill for amount owed; bill in error; supplies not provided as part of the daily rate and similar problems.

### 37. Personal funds - mismanaged, access denied, deposits and other money not returned (report criminal-level misuse of personal funds under A)

Use for problem with personal funds, for example, staff denies a resident use of her personal needs allowance; staff uses a nursing home resident's trust fund without consent, and similar problems.

#### 38. Personal property - lost, stolen, used by others, destroyed

Use for property (including prostheses, dentures, hearing aid, glasses, radio, watch) missing/stolen at the facility. Use K.82 for loss of laundry.

#### 39. Other, specify

Include any financial or property problem not covered above.

#### **Resident Care**

#### F. Care

Use the appropriate category for complaints involving negligence, lack of attention and poor quality in the care of residents. If the care situation is so poor that the resident is in a condition of overall neglect that is threatening to health and/or life, use A.5, "gross neglect."

#### 40. Accident, bruises or injury of unknown origin; falls; improper handling

Use for unexplained bruises, scratches, cuts, skin tears; falls from bed, wheelchair, or when standing; when resident is handled improperly or dropped during transfer or other assistance; and similar problems.

#### 41. Call lights, response to requests for assistance

Use for call lights or requests for assistance not answered, or not answered in a timely manner.

### 42. Care plan/resident assessment - inadequate, lack of patient/family involvement, failure to follow plan or physician orders

Use for problem related to care plan: plan is incomplete or not reflective of resident's condition; family is not informed of care plan process, not allowed to participate; staff has disregarded or is not informed of the plan; staff fails to respond, or responds slowly, to physician orders and similar problems.

#### 43. Contracture

Use for problem related to resident's hands, arms, feet, or legs being drawn up and contorted.

#### 44. Medications - administration, organization

Use for medications not given on time or not at all, medication administration not documented or incorrectly documented, medications not secured, incorrect medication or dosage; negligence, lack of attention or poor quality in care related to medication that is: run out; expired; not filled in a timely manner; incorrectly labeled, and similar problems.

### 45. Personal hygiene (includes nail care and oral hygiene) and adequacy of dressing, grooming

Use for resident: not bathed in a timely manner, not clean, not bathed at all, allowed to remain in soiled clothing, diaper, bed, chair; hands and face not washed after meals; teeth/dentures not cleaned; inadequately dressed or groomed and similar problems.

#### 46. Physician services, including podiatrist

Use for failure of facility to obtain physician services upon a change in resident's condition, or if medical attention, including podiatrist service, is not obtained in a timely manner or not obtained at all.

#### 47. Pressure sores, not turned

Use for pressure sore(s) that may have occurred at the facility or elsewhere. Use when facility fails to treat, document, monitor pressure sores. Use if resident is not turned per medical order or treatment standard, or when turning is undocumented.

#### 48. Symptoms unattended, no notice to others of changes in condition

Use if facility fails to accommodate, notice or provide services related to a change in resident's condition.

#### 49. Toileting, incontinent care

Use when resident is not toileted in a timely manner, as needed or requested, or as directed by the care plan; facility is using adult briefs or catheters rather than toileting. Use G.54 for inadequate or non-existent bowel and bladder plan/training.

#### 50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate, forced use)

Use if tube is not cleaned, changed, or monitored appropriately.

#### 51. Wandering, failure to accommodate/monitor

Use for resident wandering, failure to redirect wanderers.

#### 52. Other, specify

Use for any other resident care compliant.

#### G. Rehabilitation or Maintenance of Function

Use the appropriate category for complaints involving failure to provide needed rehabilitation or services necessary to maintain the expected level of function.

#### 53. Assistive devices or equipment

Use if facility lacks, fails to maintain or has problems with: Hoyer lift, handrails/grab bars, toilet seat, elevators, ambulation aids, wheelchair (no brakes or foot rests, etc.), hearing or visual aids, and other assistive devices or equipment.

#### 54 Bowel and bladder training

Use if facility fails to provide training, has no schedule, or schedule not maintained. See F.49.

#### 55. Dental services

Use if dental services not provided or arranged for resident, or if services are inadequate or improper.

#### 56. Mental health, psychosocial services

Use if these services not provided, arranged for resident.

#### 57. Range of motion/ambulation/exercise

Use if services not provided; resident not assisted or encouraged in ambulation as appropriate; no appropriate exercise available; exercise resident wants is unavailable.

#### 58. Therapies, outside

Use for failure to provide or arrange for therapies with outside agency or provider.

#### 59. Vision and hearing

Use for failure to provide or arrange for vision and hearing services or for problems with services.

#### 60. Other, specify

#### H. Restraints - Chemical and Physical

Use the appropriate category for any complaint involving the use of physical or chemical restraint.

#### 61. Physical restraint - assessment, use, monitoring

Use for any physical restraint: lap buddy, bed rail(s), bindings, placement of furniture, resident not released from restraints for a specified time; no order in file; and similar problems.

#### 62. Psychoactive drugs - assessment, use, evaluation

Use for any chemical restraint, including excessive or unnecessary medication.

#### 63. Other, specify

Use for any problem with restraints not included in above categories.

#### **Quality of Life**

#### I. Activities and Social Services

Use categories under this heading for complaints involving social services for residents and social interaction of residents. Note that transportation is included in category I.65 because community interaction is sometimes (not always) dependent upon transportation.

#### 64. Activities - choice and appropriateness

Use for lack of activities appropriate for each resident; facility fails to consider residents ability to perform certain activities/and preferences; variety limited; no activities; posted activities not conducted.

#### 65. Community interaction, transportation

Use for any complaint involving the resident's need for transportation, for whatever reason, and/or when facility does not assist residents in participating in community services or activities or curtails community interaction.

#### 66. Resident conflict, including roommates

Use for any complaint involving conflict between residents, including roommate conflict.

### 67. Social services - availability, appropriateness (use G.56 for mental health, psychosocial counseling/service)

Use if social services department fails to provide social services or encourage social interaction; fails to provide services if resident isolates himself or refuses to participate in activities, and similar problems.

#### 68. Other, specify

Use for other complaint/problem with activities or social services. If resident requests assistance in transferring to another facility or setting and the ombudsman provides the assistance, record as "information and assistance to individuals." If such assistance is requested but the desired setting is not available, record under P.128, "other" under "System/Others" to indicate lack of alternatives in the long-term care system.

#### J. Dietary

Use the appropriate category for complaints involving food and fluid intake. Use the appropriate category under A (A.1 or A.5) for willful cases of food deprivation.

#### 69. Assistance in eating or assistive devices

Use for failure to provide assistance in eating; facility has not provided tools to assist resident in self-feeding.

#### 70. Fluid availability, hydration

Use for complaint that resident is not reminded to drink; bedside water is not provided, not fresh or not in reach; fluids are not readily available; resident is dehydrated.

#### 71. Menu/food service - quantity, quality, variation, choice, condiments, utensils

Use for posted menu not served; alternate selections not offered; servings too small; no variety; quality is poor; food has little nutritional value, nutrients out of date, condiments or utensils not provided

#### 72. Snacks, time span between meals

Use for snacks not readily available or offered between meals; excessive time span between dinner and breakfast.

#### 73. Temperature

Use for food or beverage not served at appropriate temperature.

#### 74. Therapeutic diet

Use for complaint resident's therapeutic diet is not served as ordered; resident's dietary needs not accommodated.

#### 75. Weight loss due to inadequate nutrition

Use A.1 or A.5 for willful food deprivation.

#### 76. Other, specify

Use for other food or nutrition complaint.

#### K. Environment/Safety

Use the appropriate category for complaints involving the physical environment of the facility and resident's space.

### 77. Air/environment: temperature and quality -- heating, cooling, ventilation, water temperature, smoking, noise

Use for complaints about building, room or water temperature too hot or cold, ventilation inadequate; indoor cigarette smoke; and similar problems.

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#### 78. Cleanliness, pests, general housekeeping

Use for uncleanliness or pests (insects, vermin - live or dead) in resident's room or other facility area. Also use for ant, snake, rat or mosquito bite.

### 79. Equipment/Buildings - disrepair, hazard, poor lighting, fire safety, no handicapped access, not secure

Use for elevator malfunctioning/not maintained; paint/wallpaper peeling; lights burned out or insufficient lights; exterior not maintained, littered; blocked entrances/exits or hallways; inadequate/non-functioning/expired fire extinguishers; malfunctioning automatic doors; fire alarms, smoke detectors, and other emergency equipment not present, malfunctioning or inadequate; and any other building maintenance problem. Also use for premises not secured; lacking or broken window bars; unauthorized person gained entrance to facility; unauthorized weapon in facility, and similar problems

#### 80. Furnishings, storage for residents

Use for furnishing in disrepair; lack of furnishings; inadequate storage space for belongings, including valuables

#### 81. Infection control

Use for insufficient measures to prevent infection; spread of infection; resident at risk; infection unreported or not treated appropriately, and similar problems.

#### 82. Laundry - lost, condition

Use for no clean clothes available; clothing lost, damaged.

#### 83. Odors

Use for urine, feces, any other offending odor or any odor that is a detriment to the health of the resident.

#### 84. Space for activities, dining

Use for: inadequate space for scheduled activity or resident's attendance/participation in activity; dining area does not promote resident interaction; inadequate space for wheelchair or other assistive devices while dining; activity, dining areas converted to other uses.

#### 85. Supplies and linens

Use for no clean linens available or in poor condition; shortage of supplies, for example, soap, gloves, toilet paper, incontinence pads, and nursing supplies.

#### 86. Other, specify

Use for other complaint involving the physical environment and resident's space.

#### Administration

# L. Policies, Procedures, Attitudes, Resources (see A-E for policies on advance directives, due process, billing, management of residents' funds)

Categories under this heading are for acts of commission or omission by facility managers, operators or owners in areas other than staffing or specific problems included in previous sections: policies on advance directives; fair and due process on admissions, transfers and discharges; billing, management of residents' funds.

#### 87. Abuse investigation/reporting

Use for failure of facility to report suspected resident abuse/neglect or exploitation to the specified authority, no matter where alleged abuse occurred.

#### 88. Administrator(s) unresponsive, unavailable

Use for failure of administrator or administrative staff to respond to or communicate with others.

#### 89. Grievance procedure (use C categories for transfer, discharge appeals)

Use if there is no grievance procedure for handling complaints or if the procedure is not made known to residents or not complied with by the facility.

#### 90. Inappropriate or illegal policies, practices, record keeping

Use for inappropriate or illegal policies or practices, or if records are incomplete, missing or falsified.

#### 91. Insufficient funds to operate

Use if there is a substantiated complaint of shortage of staff, lack of food, utilities cut off, etc. that could indicate bankruptcy or insufficient funds. Also use if a complainant alleges

the facility has insufficient funds to operate.

#### 92. Operator inadequately trained

Use for complaint that owner/administrator has no documentation of administrator's license, training or updates, and other certifications required by the state.

#### 93. Offering inappropriate level of care (for B&Cs, ALFs, RCFs, and similar facilities)

Use if facility admits or retains resident whose medical and/or care needs are greater than the facility can meet or arrange to have met and similar problems.

#### 94. Resident or family council/committee interfered with, not supported

Use if facility interferes with or fails to support resident or family councils, attempts to organize councils and related problems.

#### 95. Other, specify

Use for any other complaints about facility policies, procedures, attitudes and resources that do not fit in one of the other categories in L. Specify the problem.

#### M. Staffing

Use appropriate categories under this heading for complaints involving staff unavailability, training, turnover, and supervision.

#### 96. Communication, language barrier

Use for staff language or other communication barrier. Use D.29 if problem involves resident inability to communicate.

#### 97. Shortage of staff

Use for insufficient staff to meet the needs of the resident(s); staffing is below the minimum standard.

#### 98. Staff training, lack of screening

Use when staff has not received training sufficient to meet the needs of the resident(s), including basic care and technical training, including the use of a Hoyer lift, CPR, or first aid. Use for staff references not checked or required background screening has not been performed.

#### 99. Staff turnover, over-use of nursing pools

Use when there is no continuity of care for the residents, new staff on board and pool/agency staff are regularly used.

#### 100. Staff unresponsive, unavailable

Use if staff is unresponsive or unavailable. Use D.26 if staff is available but rude or otherwise disrespectful to resident. Use A.3 or other category under A if rudeness or disrespect is so severe that it qualifies as abuse.

#### 101. Supervision

Use when the staff duties are not overseen or not reviewed by a supervisor. Use when there is no ALF staff monitoring residents.

#### 102. Other, specify

Use for any complaint relating to staff unavailability, training, turnover and supervision that does not fit in one of the other categories in section M.

#### **Problems with Outside Agency, System, or People (Not Against the Facility)**

Use these categories for all complaints involving decisions, policies, actions or inactions by the state agencies that license facilities and certify them for participation in Medicaid and Medicare.

#### N. Certification/Licensing Agency

#### 103. Access to information (including survey)

Use if licensing agency does not provide facility information to ombudsmen, public.

#### 104. Complaint, response to

Use when agency fails to respond adequately to any complaint or referral, from the ombudsmen or public.

#### 105. Decertification/closure

Use for individual complaints about decertification/closure and if agency fails to decertify/close a facility when within residents' best interests.

#### 106. Intermediate sanction

Use if licensing agency fails to sanction facility appropriately.

#### 107. Survey process

Use if agency fails to survey facility as required by law.

#### 108. Survey process - Ombudsman participation

Use if ombudsmen not notified and/or included in survey process.

#### 109. Transfer or eviction hearing

Use for complaints of decisions, policies, actions or inactions by the licensing agency regarding resident discharge hearings.

#### 110. Other, specify

Use for any other complaint against the state licensing agency.

#### O. State Medicaid Agency

Categories in this section are for complaints about Medicaid coverage, benefits and services.

#### 111. Access to information, application

Use if information is denied or delayed to resident or legal representative; caseworker is unavailable, or unresponsive to requests for information or application status.

#### 112. Denial of eligibility

Use for complaint that resident is denied Medicaid.

#### 113. Non-covered services

Use for complaints about services not covered by Medicaid.

#### 114. Personal needs allowance

Use for complaints about the personal needs allowance.

#### 115. Services

Use for complaints about the quality or quantity of services covered by Medicaid or difficulty in obtaining services. (Use 113 for non-covered services.)

#### 116. Other, specify

Use for any Medicaid complaints that do not fit into another category in section O.

#### P. System/Others

Use appropriate categories in this section to document the range of complaints against or involving individuals who are not managers/staff of facilities \* or of the State's licensing and certification or Medicaid agency. (\*Except for 119, as specified)

### 117. Abuse/ neglect/ abandonment by family member/ friend/ guardian or, while on visit out of facility, any other person

Use for abuse/abandonment by individuals other than facility staff, when the facility could not reasonably have been expected to observe the acts. Use A.1 or other A categories when the facility should have overseen and acted.

#### 118. Bed shortage - placement; lack of alternative settings

Use when resident is unable to find a facility placement, or for a bed shortage.

#### 119. Board and care licensing/similar facility licensing, regulation

Use for complaints about unlicensed assisted living, board and care and similar facilities and other problems related to licensing or certification of such facilities; use for complaints against individuals for operating without a license or outside of regulatory requirements.

#### 120. Family conflict; interference

Use when a family conflict interferes with resident's care. Use only if the conflict or problem affects the resident's care or well being.

### 121. Financial exploitation or financial neglect by family or other not affiliated with facility

Use for cases of financial exploitation or financial neglect of a resident by individuals whose actions the facility could not reasonably be expected to oversee or be responsible.

#### 122. Legal - guardianship, conservatorship, power of attorney, wills

Use if the complaint involves any of the above legal issues.

#### 123. Medicare

Use if resident has complaint related to Medicare coverage.

#### 124. PASARR

Use for problem involving implementation of the Pre-Admission Screening and Annual Resident Review (PASARR) requirements of the Nursing Home Reform Act related to individuals with mental illness or mental retardation living/making application to live in a Medicaid-certified nursing home.

#### 125. Physician not available

Use if the resident's physician fails to provide information, services. (Use F.46 if facility fails to arrange for physician service and P.48 if facility fails to attend to medical symptoms or notify family of change in resident's condition.)

#### 126. Protective service agency

Use for complaints involving the agency in the State charged with investigating reports of adult abuse or exploitation and providing protective services for victims of abuse and exploitation.

#### 127. SSA, SSI, VA, other benefits

Use for complaints about these benefits and the agencies that administer them.

#### 128. Other, including request for less restrictive placement<sup>3</sup>

Use for a complaint against any other agency or individual, but not facility staff or licensing agency staff. Use for resident requests for assistance in moving out of the facility and/or ombudsman initiative to help resident find less restrictive placement.

## Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider

Use categories in this section to document any complaints accepted and acted upon by the ombudsman involving individuals living in private residences, hospitals or in hospice care, and congregate and/or shared housing not providing personal care. Also use for services in a facility provided by an outside provider.

#### 129. Home care

Use if complaint is made by or on behalf of an individual living in a private resident.

#### 130. Hospital or hospice

Use for complaint involving hospital or hospice care, service, or administration.

#### 131. Public or other congregate housing not providing personal care

Use for complaint made by or on behalf of individual living in public or private congregate housing unit where personal care is not included in the rental contract.

#### 132. Services from outside provider

Use for services from an outside provider which are not included in other categories for which the facility makes arrangements; for example, personal and homemaking services in an assisted living facility, therapies, transportation, psychosocial service. (Use P.125 for outside physician services.)

#### 133. Other, specify

Use for any complaint involving non-facility settings or services, which does not fit into one of the other categories in section Q.